

POSITION	INITIALS	ID NO.	DATE
	<i>CM</i>	<i>67614</i>	<i>12/10/99</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		<i>49</i>	<i>12/17/99</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		<i>65203</i>	<i>12-29-99</i>

## INDEX OF CLAIMS

✓	..... Rejected	N	..... Non-elected
=	..... Allowed	I	..... Interference
—	(Through numeral)... Canceled	A	..... Appeal
÷	..... Restricted	O	..... Objected

[illegible]

Claim		Date						
Final	Original							
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Claim	Date
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**If more than 150 claims or 10 actions  
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